

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 4/22/03.

I. DISPUTE

Whether there should be reimbursement for 99243 – office consultation and 95834 – muscle testing dated 6/4/02.

II. RATIONALE

Commission Rule 133.307 (g)(3) states,

“...(3) If the request contains only medical fee disputes, the commission shall notify the parties and require the requestor to send to the commission, two copies of additional documentation relevant to the fee dispute. The additional documentation shall include:

(B) a copy of any pertinent medical records or other documents relevant to the fee dispute...”

The requestor was given the opportunity to submit additional information as per Rule 133.307 but the requestor failed to do so. Delivery of service was not supported; therefore, on this basis reimbursement is not recommended.

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for 99243 – office consultation and 95834 – muscle testing dated 6/4/02.

The above Findings and Decision are hereby issued this 4th day of February 2004.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

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